

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	EA		10-11-01
O.I.P.E. CLASSIFIER			10-20-01
FORMALITY REVIEW	CTH	744	11-8-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	5/12
Original	11/09
1	03/03
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If more than 150 claims or 10 actions  
staple additional sheet here

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